

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025326

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5987

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in 1b  
5 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis - Little Rock  
Hospitals, Inc.Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN Valley ParkInside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS (If outside, give location)  
Route 1Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Albert

Middle

Fred

Last

Welsh

4. DATE  
OF  
DEATH

Month

June

Day

15,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-11-1889

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Sparta, Illinois

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Ethel Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Joseph Welsh 532 S. 13th  
Woodlawn St.18. CAUSE OF DEATH (Enter only one cause per line f  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Kt Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

48 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerosis

## DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Myocardial infarct, acute + chronic

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from June 11, 1962 to June 15, 1962 and last saw him alive on June 15, 1962

Death occurred at 8:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Describe or title)

## 22b. ADDRESS

1755 South Grand Blvd.

## 22c. DATE SIGNED

6/16/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

## 23b. DATE

6-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla

## 23d. LOCATION (City, town, or county)

Belleville, Illinois

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Mercer Funeral Home - Granite City, Ill.

## 25. DATE RECD. BY LOCAL REG.

JUN 18 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

240423

3

4

5

6

7

8

9

10

11

12

13

69-0

69

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Shinston C. Williams

Licensed Embalmer No. 5016

P. O. Address Granite City, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.